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Michigan Department of Corrections

Medical Detail Special Accommodations

Off #: 0770573	Offender Na	me: Sims, Dantrell Jay	vone		
No Work		Exp. Date:			
Lay In			Exp. Date:		
Housing Restriction:	The state of the s				
X No Restrictions					
Physical Limitation/Restriction		19 19 19 19 19 19 19 19 19 19 19 19 19 1			
X No Restrictions					
May have the following equipm	ent in his / her posse:	ssion:			
Equipment		Start Date	End Date	Return Date	
Splint		01/20/2023	03/20/2023		
fiberglass		04/47/0000	04/00/0000		
Ace Wrap		01/17/2023	01/20/2023		
see x-rays if still needed. ce Pack		01/17/2023	01/20/2023		
Somments: N/A		01/11/2023	1/20/2020		
Somments. N/A			01/20/2	022	
			Date		
Offender Name: Sims,	Dantrell Jayvone	Off #:0770573	3Lock:	500:020:Top:A	
ALL EXPIRATION DATES ARE	AT 24:00				
	OTH CHILD				
	V Ab				
		1.			